

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19953**
Registrar's No. **5322**

FILED JUN 19 1943
Registration District No. **1818**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route to City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Harry T. Readman READMAN**
3. (b) If veteran, name war **World War 1**
3. (c) Social Security No. **490-01-4808**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widower**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **December 12 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 5 27 hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bricklayer**

11. Industry or business.....

MOTHER, FATHER { 12. Name **John Readman**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anthony Merten**
(b) Address **5711 Arsenal St**

17. (a) **Burial** (b) Date thereof **June 11 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **National Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**
(b) Address **3029 Lafayette Ave**

19. (a) **JUN 10 1943** (b) **J. F. Bruck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3869 A. McRee Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8th** day **June**
year **1943** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Aortic Regurgitation
Aneurysm of Arch:
Chronic Interstitial Nephritis

Due to **W.M.A.**
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury.....

23. Signature **Alfred Perry** (M.D. or other)
Address **Deputy Coroner** Date signed **6/10/43**

JUN 29 1943

NOT A SUBSTITUTE FOR
A LICENSE TO EMBALM
OR A LICENSE TO PREPARE
FOR BURIAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank J. Owens

Licensed Embalmer No.

2245

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.